

Digestive Disorders – Proton Pump Inhibitors

Point-of-Sale (POS) edits are safety limitations that are automatically verified through computer programming at the time that a prescription claim is submitted at the pharmacy. These edits can be applied to *any* medication, whether or not it is listed in the Preferred Drug List / Non-Preferred Drug List (PDL/NPDL). The first section of this document is organized to follow the order of the therapeutic classes in the PDL/NPDL and explains the POS edits for those medications.

POS Abbreviations

AL – Age Limit	DD – Drug-Drug Interaction	MD – Maximum Dose Limit	TD - Therapeutic Duplication
BH – Behavioral Health Clinical Authorization for Children Younger than 7 Years of Age	DS – Maximum Days’ Supply Allowed	PR – Enrollment in a Physician-Supervised Program Required	UN – Drug Use Not Warranted
BY – Diagnosis Codes Bypass Some Requirements	DT – Duration of Therapy Limit	PU – Prior Use of Other Medication is Required	X – Prescriber Must Have ‘X’ DEA Number
CL – Additional Clinical Information is Required	DX – Diagnosis Code Requirement	QL – Quantity Limit	YQ – Yearly Quantity Limit
CU – Concurrent Use with Other Medication is Restricted	ER – Early Refill	RX – Specific Prescription Requirement	

Pharmacy Prior Authorization Phone Numbers for MCOs and FFS

Aetna Better Health of Louisiana **1-855-242-0802**

AmeriHealth Caritas Louisiana **1-800-684-5502**

Fee-for-Service (FFS) Louisiana Legacy Medicaid **1-866-730-4357**

Healthy Blue **1-844-521-6942**

Louisiana Healthcare Connections **1-888-929-3790**

UnitedHealthcare **1-800-310-6826**

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POS Edits

BY – Pharmacy claims submitted with an appropriate diagnosis code will bypass the 180-day per rolling 365-days duration of therapy limit. A list of bypass diagnosis codes is found at [THIS LINK](#) in the ICD-10-CM Diagnosis Code Policy Chart under Pharmacy Resources.

DT – These agents are limited to a maximum 180-day duration of therapy in a rolling 365-day period. Please [CLICK HERE](#) for exemptions and criteria to override the duration of therapy.

TD – These agents are monitored at the pharmacy POS for duplication of therapy with other proton pump inhibitors.

QL – These agents have quantity limits as listed in the table to the right.	Generic (Brand Example)	Quantity Limit per 30 Days
	Dexlansoprazole Capsule (Dexilant®)	30 capsules
	Esomeprazole Capsule (Nexium®)	30 capsules
	Esomeprazole Granules for Oral Suspension (Nexium®)	1 carton of 30 packets
	Lansoprazole Capsule (Prevacid®)	30 capsules
	Lansoprazole ODT (Prevacid® SoluTab®)	30 tablets
	Omeprazole Capsule/Tablet (Prilosec®)	30 capsules/tablets
	Omeprazole Granules for Oral Suspension (Prilosec®)	1 carton of 30 packets
	Omeprazole/Sodium Bicarbonate Capsule (Zegerid®)	30 capsules
	Omeprazole/Sodium Bicarbonate Packet (Zegerid®)	30 packets
	Pantoprazole Granules for Oral Suspension (Protonix®)	1 carton of 30 packets
	Pantoprazole Tablet (Protonix®)	30 tablets
	Rabeprazole Sprinkle Capsule (AcipHex® Sprinkle™)	30 capsules
	Rabeprazole Tablet (Generic; AcipHex®)	30 tablets

Revision / Date	Implementation Date
Created POS Document	February 2020
Modified BH age in legend / October 2020	January 2021
Linked duration of therapy document / November 2020	January 2021
Added quantity limits / June 2021	October 2021